

**Greater Chicago Chapter
of the
Society of Cable and Telecommunications Engineers**

Seminar Registration Form

(Use this form "ONLY" if you are printing and mailing your registration and payment)

Company Name: _____
Company Street Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Fax Number: _____
Attendee 1 Name: _____
Attendee 2 Name: _____
Attendee 3 Name: _____
Attendee 4 Name: _____
Attendee 5 Name: _____
Attendee 6 Name: _____
Attendee 7 Name: _____
Attendee 8 Name: _____
Attendee 9 Name: _____
Attendee 10 Name: _____
Payment Method: _____ ← "Credit Card" or
"Pay at Door"
Name as appears on _____
Credit Card: _____
Visa Number: _____ **Expires:** _____
MasterCard Number: _____ **Expires:** _____
American Express _____ **Expires:** _____
Number: _____
Signature: _____

Comments
: _____

Mail Registration Form to: GCC-SCTE, Attention Pete Golfinopoulos, 1500 McConnor
Parkway, Schaumburg, IL 60173